

# STATE OF MAINE

## BOARD OF SOCIAL WORKER LICENSURE APPLICATION FOR LICENSED CLINICAL SOCIAL WORKER (LCSW)



Department of Professional and Financial Regulation

Office of Licensing and Registration

35 State House Station

Augusta, ME 04333-0035

Office Telephone: (207) 624-8674  
TTY/HEARING IMPAIRED (888) 577-6690  
Email: [colleen.a.eugley@maine.gov](mailto:colleen.a.eugley@maine.gov)

Office located at: 122 Northern Avenue, Gardiner, Maine

Last Revised Date: 3/2006

## **APPLICATION GUIDE FOR LICENSURE AS A SOCIAL WORKER**

Enclosed are all relevant materials for licensure as a Social Worker in the State of Maine. Please read all the information carefully. If you have any questions after reading this packet, you can contact the Board of Social Worker Licensure office at (207) 624-8674 or by e-mail at: [colleen.a.eugley@maine.gov](mailto:colleen.a.eugley@maine.gov)

### **FURNISHED TO APPLICANT:**

1. Application Guide for Licensure as a Social Worker
2. Application for Licensure
3. Verification of Consultation Form
4. Verification of Licensure Form (Only required if you are currently licensed in another state)
5. Change of Name and/or Address Form
6. Authorization of Credit Card Payment Form
7. Criminal History Records Check (SBI) Memo
8. Criminal History Record Check (SBI) Form
9. ASWB Social Work Licensing Examination Candidate Handbook can be downloaded from the ASWB website: <http://www.aswb.org/licensing/licexam.html> (Click the "Examination Candidate Handbook" link.) or from our office by telephone at (207)624-8674
10. Licensing law for Social Workers can be downloaded at <http://janus.state.me.us/legis/statutes/32/chapdoc/00830.doc> or call (207) 624-8674.
11. Licensing rules for Social Workers can be downloaded at <http://www.state.me.us/sos/cec/rcn/apa/02/chaps02.htm> or call (207) 624-8674

### **CODE OF ETHICS:**

National Association of Social Workers (NASW) Code of Ethics may be obtained by contacting 1-800-638-8799 Extension 238 or available on the internet at: [www.naswdc.org](http://www.naswdc.org).

### **ADDRESS CHANGES:**

**All** name and/or address changes must be submitted to the Board, **in writing**, throughout your licensure. Please use the change of address form provided or you can submit by email at [colleen.a.eugley@maine.gov](mailto:colleen.a.eugley@maine.gov)

## **APPLICATION PROCEDURE:**

- Please submit your application with **all** required documentation. Incomplete applications will not be reviewed by the Board. A notification regarding the deficiency will be sent. Persons submitting a complete application will be sent notification of the date of the Board meeting at which their application will be considered for licensure.
- All material pertaining to an application must be received by the Board within a span of no more than six months. Candidates whose applications have been incomplete for more than six months will be required to submit **new** applications if they still wish to be considered for licensure.
- Information about the status of applications may be found at the following website  
[www.maineprofessionalreg.org](http://www.maineprofessionalreg.org)

## **ELIGIBILITY REQUIREMENTS:**

Please read the Statutes (Laws) and Board Rules thoroughly in order to fully understand the level of licensure that you are applying for. These can be obtained as mentioned above.

**Note:** *You must apply for LMSW Conditional Clinical licensure in order to begin your clinical consultation towards LCSW licensure. No clinical consultation acquired outside LMSW Conditional Clinical licensure may be used towards LCSW licensure.*

### **Description**

“Licensed Clinical Social Worker” (LCSW) is a person who has received a license as a Clinical Social Worker from the board, and may engage in private Clinical Social Work Practice: The professional application of social work theory and methods to the evaluation, diagnosis, treatment and prevention of psychosocial dysfunction, disability or impairment, including emotional and mental disorders. It is based on knowledge and theory of psychosocial development, behavior, psychopathology, unconscious motivation, interpersonal relationships, environmental stress, social systems, and cultural diversity with particular attention to person-in-environment. It shares with all social work practice the goal of enhancement and maintenance of psychosocial functioning of individuals, families and small groups.

If applying for **LCSW Licensure**, you must submit:

- A. A completed Application for Licensure;
- B. Official transcript of an earned MSW degree from a Council on Social Work Education (CSWE) accredited program;
- C. Verification of Consultation Forms. Please refer to Chapter 3, Section 1(H)(3) of Board rules for further clarification;
- D. Three current (dated within the past year) letters of professional recommendation. The first must be from the applicant's consultant and be written on forms provided by the Board of Social Worker Licensure (Verification of Consultation Form); the second recommendation must be from a LCSW, a CSW-IP or a LMSW; and the third

recommendation may be from a LCSW, a CSW-IP, a LMSW, a Board Certified Psychiatrist, Licensed Clinical Psychologist, Licensed Clinical Professional Counselor, or an ANA approved Psychiatric Nurse.

- E. Official documentation of successful passage of the required examination (Clinical);
- F. Payment of a non-refundable \$50.00 application fee;
- G. Payment of LCSW licensure fee of \$125.00; and
- H. [Criminal History Check fee of \\$15.00, all fees can be in one payment.](#)

#### **FOR APPLICANTS CURRENTLY LICENSED IN ANOTHER STATE**

If you are currently licensed in another state and are applying for licensure in Maine, you must submit the following in addition to the items mentioned above:

- A. A copy of the state or county licensure act under which the applicant is licensed;
- B. A copy of the applicant's social work license;
- C. A completed verification of licensure form.

Reciprocity applicants who submit documentation of clinical licensure obtained prior to 1984 are not required to submit proof of having passed the examination. At its discretion, the Board may waive the requirement of Conditional licensure if the applicant has met the conditions for Conditional licensure in another state.

#### **EXAMINATION:**

- The Association of Social Work Boards (ASWB) provides a Social Work Licensing Examination Candidate Handbook. ASWB Social Work Licensing Examination Candidate Handbook can be downloaded from the ASWB website: <http://www.aswb.org/licensing/licexam/html> (Click the "Examination Candidate Handbook" link) or from our office by telephone at (207) 624-8674. The Candidate Handbook provides you with all the information needed to register for the examination. **Please note:** You **do not** need permission from the State of Maine Board of Social Worker Licensure to take the examination. **Please read thoroughly.**
- To register for the examination by telephone, please contact **1-888-579-3926**.
- Study Guides can be ordered by contacting **1-800-225-6880**.
- ASWB Website: [www.aswb.org](http://www.aswb.org)



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AND FINANCIAL REGULATION  
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JOHN ELIAS BALDACCI  
GOVERNOR

ANNE L. HEAD  
DIRECTOR

### **APPLICATION FOR LICENSURE**

#### **Notice regarding Social Security Number Disclosure**

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRSA section 191.

#### **Notice regarding Public Information**

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, mailing address and other information listed on this application may be posted on the State's website.

#### **LICENSE TYPE:**

- |   |   |
|---|---|
| <input type="checkbox"/> Licensed Social Worker Conditional   | <input type="checkbox"/> Licensed Master Social Worker Conditional Clinical |
| <input type="checkbox"/> Licensed Social Worker (LSW)         | <input type="checkbox"/> Licensed Clinical Social Worker (LCSW)             |
| <input type="checkbox"/> Licensed Master Social Worker (LMSW) | <input type="checkbox"/> Licensure without Examination                      |

Please Read Application Guide Prior to Completing this Application.			
Name			
Mailing Address			
City		State	Zip Code
County	Home Telephone	Work Telephone	
Social Security #:		Date of Birth	

#### **EDUCATION**

Please list the name of undergraduate institution, graduate school of social work, graduation date, major, clinical or non-clinical track (graduate only), and degree awarded.

NAME OF SCHOOL	DATE GRADUATED	MAJOR	DEGREE RECEIVED
Undergraduate Institution			
Graduate School of Social Work		Clinical/Non Clinical	

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1. Do you currently hold or have you previously held a State of Maine Social Worker License?  
☐ Yes ☐ No If yes, please complete the following:  
License # \_\_\_\_\_ Date Issued \_\_\_\_\_ Expiration \_\_\_\_\_
2. Have you ever been licensed in another state or jurisdiction? ☐ Yes ☐ No  
If yes, please complete the following:  
State \_\_\_\_\_ License # \_\_\_\_\_  
Date Issued \_\_\_\_\_ Expiration \_\_\_\_\_
3. Have you ever taken a social work examination in any other state? ☐ Yes ☐ No  
If yes, please complete the following:  
State \_\_\_\_\_ Date \_\_\_\_\_  
Name of Examination Service \_\_\_\_\_ Examination Level \_\_\_\_\_
4. Has your application for examination or for licensure ever been denied by any state board governing the practice of social work? ☐ Yes ☐ No If yes, please attach an explanation.
5. Has your license ever been suspended, revoked, or subject to any disciplinary action by any state or jurisdiction? ☐ Yes ☐ No If yes, please attach an explanation.
6. Have you ever been convicted of a crime other than a minor traffic violation? ☐ Yes ☐ No  
If yes, please describe in detail the date(s), crime(s), and submit a copy of the court judgment(s) as well as a letter from you explaining the circumstances surrounding your conviction.

**By my signature, I affirm that all information provided in connection with this application is true to the best of my knowledge and belief, with the understanding that any omissions, inaccuracies, or failure to make full disclosure may be deemed sufficient reason to suspend or recommend revocation of a license issued by the Department. I further authorize all law enforcement agencies and officials thereto to release to the Department any and all criminal history record information pertaining to myself.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



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GOVERNOR

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DIRECTOR

**VERIFICATION OF CONSULTATION FORM**

**IMPORTANT:** Use a separate form for each person verifying experience and for each employment setting. If more space is needed, attach an additional sheet. Please print clearly.

**Licensee Data --To be completed in full by Licensee**

Name of Licensee		License Number	
Mailing Address			
City		State	Zip Code
Work Telephone		Original Licensure Date	
Place of Employment during Consultation Period			

**Consultant Data--To be completed in full by Consultant**

Name of Consultant		License Number	
Mailing Address			
City		State	Zip Code
Work Telephone		Home Telephone	
Consultant's Education -- School			
Year Graduated		Degree Awarded	

**Licensee Consultation Information--To be completed in full by Consultant**

Total Number of Hours Licensee Worked Per Week \_\_\_\_\_

Total Number of Hours Per Month **Individual** Supervision/Consultation Was Given \_\_\_\_\_

Total Number of Hours Per Month **Group** Supervision/Consultation Was Given \_\_\_\_\_

Total Number of Hours Licensee Worked During the Period Listed Below \_\_\_\_\_

Dates the Applicant was Under your Supervision: From \_\_\_\_\_ To \_\_\_\_\_  
month/day/year month/day/year

1. Please describe licensee's specific functions in terms of social work. If consultation was provided to a Master's level Social Worker, please describe applicant's functions in terms of prevention, diagnosis and treatment of mental illness/disorders and psychosocial treatment:

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2. Please state briefly licensee's personal character, ethical conduct, and competence:

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3. Do you recommend that this person be re-licensed? ☐ Yes ☐ No  
If not, please describe why:

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***I hereby certify that the information given above is correct to the best of my knowledge. I also agree to return this form to the licensee for mailing to the Board of Social Worker Licensure.***

Signature of Consultant: \_\_\_\_\_ Date: \_\_\_\_\_





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**Verification of Licensure**

The applicant listed below is applying for licensure to practice as a social worker in the State of Maine. The Maine Board of Social Worker Licensure requests written verification from each state that applicant holds or has held any certification, licensure, or credential. This is your authority to release any information in your files, favorable or otherwise. Please mail this verification directly to the Maine Board of Social Worker Licensure at the above listed address.

**The section below is to be completed by the applicant and forwarded to the State Board in which you hold or have held a license to practice social work. Any associated fees are the responsibility of the applicant. If Verification of Licensure is needed for more than one state, please copy form as needed.**

Name		
Mailing Address		
City	State	Zip Code
License Number	State	Date of Issue
Signature of Applicant		Date

**This section to be completed by the State Licensing Board where the applicant holds or has held a license to practice social work. Please submit any copies of verification of supervision received after applicant received their MSW license, if available.**

Name of Licensee \_\_\_\_\_

License # \_\_\_\_\_ Licensure Level \_\_\_\_\_

Original License Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have there ever been any disciplinary actions taken against this license? ☐ Yes ☐ No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please verify which of the following requirements have been met in your state:

BSW from CSWE accredited school \_\_\_\_\_

MSW from CSWE accredited school \_\_\_\_\_

Two (2) years post MSW experience \_\_\_\_\_

Exam taken: ☐ PES ☐ AASSWB/ASI ☐ Other \_\_\_\_\_

Date exam passed \_\_\_\_\_ Level of exam taken \_\_\_\_\_

If no examination was taken, how was licensure obtained?

☐ Grandfathered ☐ Endorsement from which state \_\_\_\_\_

Signed \_\_\_\_\_

Printed name and title \_\_\_\_\_

State Seal

State \_\_\_\_\_

Date \_\_\_\_\_



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**CHANGE OF NAME AND/OR ADDRESS FORM**

**NOTE:** WE DO NOT REQUIRE THAT YOU USE THIS FOR ANY NAME AND/OR ADDRESS CHANGES, **BUT** WE DO REQUIRE THIS INFORMATION IN WRITING FROM YOU.

**OLD ADDRESS**

Name			License Number
Address			
City	State	County	Zip Code
Daytime Telephone			

**NEW ADDRESS**

Name			License Number
Address			
City	State	County	Zip Code
Daytime Telephone			

OFFICE PHONE: (207)624-8674



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OFFICES LOCATED AT: 122 NORTHERN AVENUE,  
GARDINER, MAINE

FAX: (207)624-8637



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ANNE L. HEAD  
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TO: PROSPECTIVE APPLICANT  
FROM: OFFICE OF LICENSING & REGISTRATION  
RE: CRIMINAL RECORDS CHECK

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Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for all applicants.

### CRIMINAL HISTORY RECORDS CHECK PROCEDURE

Please complete the applicant information section and return it to the Board with your completed application and supporting documentation as may be necessary.

You must provide fee in the amount of \$15.00, made payable to Maine State Treasurer, as payment for your criminal history record check in addition to the licensing fees presently required. All fees can be submitted together. Please note that the criminal history record will be returned to the licensing board, not the applicant.

Pursuant to 25 M.R.S.A. §1541, sub-§6, the State Bureau of Identification may charge a fee to government organizations for services provided. Therefore, as of May 1, 2003 all criminal background checks of individuals are subject to a fee of \$15.00.

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**(Clerk Name and Phone Number)**

**Colleen Eugley, Board Clerk  
(207) 624-8674**

OFFICE PHONE: (207)624-8674



FAX: (207)624-8637

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**CRIMINAL HISTORY RECORD CHECK FEE: \$15.00**

**Make checks payable to: Treasurer, State of Maine**  
**Submit this Application with License Application**

**APPLICANT INFORMATION**

Name: \_\_\_\_\_  
Last First Middle  
Address: \_\_\_\_\_  
Social Security/Federal I.D. #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Any other names used: \_\_\_\_\_

Please return the criminal history record information or a notice of no record to the following:

***REQUESTING AGENCY INFORMATION***

**(Office Use Only)**

Date: \_\_\_\_\_ Contact Person: Colleen Eugley, Board Clerk  
Agency Name & Address: Office of Licensing and Registration  
Board of Social Worker Licensure  
35 State House Station  
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### AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

<b>Name:</b> (applicant fees being paid for)		
<b>Mailing Address:</b> (applicant fees being paid for)		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>	<b>Telephone #:</b> (____) _____ - _____	
<b>Name of cardholder:</b> (if other than applicant)		
<b>Mailing Address:</b> (if other than applicant)		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

☐ Visa ☐ MasterCard \_\_\_\_\_

Card number \_\_\_\_\_  
Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_ in the amount of: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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